

BOARDING WELCOME FORM

Owner Information:

First Name: _____ Last Name: _____
Spouse/Significant Other: _____
Home Phone: _____ Cell Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Alternate Phone #: _____

How did you hear about us?

Sign: _____ Advertisement: _____ Website Search: _____ Social Media: _____
Other: _____ Personal Recommendation _____ Whom can we thank? _____

Pet Information:

Name: _____ Age/Birthday: _____
Canine: _____ Feline: _____ Breed: _____ Color: _____
Weight: _____ Male: _____ Neutered: _____ Female: _____ Spayed _____

Feeding Instructions:

Did you bring your own food? _____ Amount Given _____
How often _____ Any food allergies _____ Can we give treats? _____
Medications _____

Behavioral:

Has your pet ever bitten someone? _____ Has your pet ever bitten another dog? _____
Does your pet climb fences (6ft)? _____ Does your pet chew bedding/toys? _____

Boarding Agreement:

The Village Vet Hospital Boarding facility will provide care for your pet(s), and do everything to prioritize the safety/wellbeing of your pet(s) during their stay.

In the event of an unexpected injury or illness during their stay, I give permission to The VVH to provide immediate treatment at my own expense. I agree to notify The VVH Boarding Facility if I need to extend my pet(s) stay past the initial provided date. In the event of no notification given, after 14 days of attempting to contact me I grant The VVH permission to rehome my pet(s). If I have opted for the doggie day camp group play, I understand and accept all liability associated with dog interactions in case of an accident. Additionally, I consent to the taking and publishing of photos/videos/all forms of media of my pet(s).

Payment is due at time of service. We accept: Cash/Checks/Visa/MasterCard/Discover/American Express as forms of payment. Our facility is not staffed after office hours, personnel will not be on site to attend to boarders.

Signature of owner/agent: _____ Date: _____